09331 Alaska Department of Revenue Permanent Fund Dividend Division

Alaska 529

(formerly UA College Savings Plan)

PFD Division Use Only	
ALN 20230	

application. The records that have	PFD Division version of the properties of the pr	vill apply this addition o	on on the Permanent Fund Div r withdrawal to current year re ter if for prior year dividends. A the request.	cords or any prior year	
Check the appro	opriate box:	Add	d With	Withdraw	
Apply the Alas	ska 529 chan	ge request for each	individual listed below:		
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)	
•	ove or if I did no		529 selection of the person(s) listed pove, I must attach a Power of Atto		

Send this completed form to:

SIGNATURE IS

REQUIRED FOR ALL ADULTS

AND CHILD SPONSORS

Adult Signature

Adult Signature

Printed name of the person who signed

Printed name of the person who signed

Permanent Fund Dividend Division PO Box 110462 Juneau, AK 99811-0462

Social Security Number

Social Security Number

Date

Phone (907) 465-2326 Fax (907) 465-3470

09331

Daytime Telephone Number

Daytime Telephone Number

Date of Birth

Date of Birth